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## DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES **DIVISION OF ENVIRONMENTAL HEALTH**

GAT VO	7			CHIL	D CARE FACILITY			
	\$1	llanamu		INSF	PECTION REPORT			
REA		GRADE	Inspection		ESTABLISHMENT NAME:			
Regular			9/25/		THE GIVING TREE EARLY L	EARNING CENTER		
Follow-Up	_	0	Time In/Ou	ıt:	OWNER/OPERATOR:			
Complain			0.254	1- 0(110	TAMONDONG, JIM & MAE!			
Investigat	ion	RATING	9:35AM	10:25AM	The Challette (Not) moranies			
Other:		A	Sanitary Po	ermit No.:	RAMON VASU YIGG GVAM CCC/ NURSERY			
	-		20000	-	PERMIT STATUS:Valid7	TemporaryExpired		
No. of Chik	dren: 12	_Male \2	Female 20	Total	Child Care License: No.: 160195 / (Valid /	/ / Provisional / / Expired		
The fo	ollowing ite	ems identify	violations fo	ound this da	y in the operations and facilities which must	be corrected by the next		
inspection	or soone	as the Dep	artment indi	cates. Non	-compliance may result in downgrading or p	ermit suspension. To appea		
		a written i	equest for h		t be submitted before the indicated correction			
ITEM*				REM	ARKS	DEMERIT CORRECT BY		
	A PEG	TULAR 1	NSPECTIO	N WAS	CONDUCTED	I III St. 19 A A THE STREET		
	PREUI				TED ON 6/27/18 (O, A).			
	1 LOAT	//> //۷:	SAECTION	CONDAC	TED VI 5/27/10 (U, A).			
	THE	FOLLOW	ING 1	VAS O	BSE FVEO:			
		-						
	NO V	IOLATION:	WERE	OBSER	EVED.			
	2 0 11	Di a ca 2 -	it No Ze	8 100	PEO.	S THE STREET		
	3 A "	PLACALD	# 0235	0  550	/EV.			
				<u> </u>				
	Pic	BRIEFED	0 N	THE	ABOVE			
THE PIBOVE								
					. = 1	The set of the least the		
						127 1120,2304,31		
		_						
				E IFE				
I have	e read an	d understa	ind the abo	ve violatio	on(s) and I am aware of the oprrective m	easures to be taken.		
			llowing iten		Received By (Name) & Fite):			
			corrected v					
		of this ins			DEH Inspector (Name & Title):			
(2), (4), (6)	, (14), (21)	, (23), (24),	(27), (28), (3	9) & (40).		CITALCAST EPHOL		

Rev: 08/2/05 DEH-06